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Enhancing Service Delivery Across the Continuum

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Speaker Disclosure

Financial:

- Employed by ASHA as Chief Staff Officer, Speech-Language Pathology

Nonfinancial:

- Member of Strategic Objective #4 Team



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Learning Outcomes

After watching this presentation, you will be able to:

1. Identify ways to practice at the top of the license
2. Write functional goals using the International Classification of Functioning, Disability and Health (ICF) framework
3. Manage your workload by implementing alternative service delivery options, such as consultations or telepractice



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Topics

- ASHA's envisioned future and pathway
- Changing landscapes: health care and education
- Reframing the SLP profession
- Service delivery options
 - **SLPAs, telepractice, IPE/IPP**
- ICF framework – writing functional goals
- What do SLPs need to do now?



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What Challenges Do You Experience?

- Health Care
- Schools
- Early Intervention
- Private Practice
- Reimbursement
- Documentation



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ASHA's Envisioned Future 2025 and Strategic Plan

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<http://www.asha.org/About/ASHAs-Envisioned-Future/>

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CAREERS | CERTIFICATION | PUBLICATIONS | EVENTS | ADVOCACY | CONTINUING EDUCATION

ASHA's Envisioned Future: 2025

ASHA's Envisioned Future supports the Association's Vision of making effective communication, a human right, accessible and achievable for all.

It is 2025, and the American Speech-Language-Hearing Association (ASHA)—the professional, scientific, and credentialing association for audiologists, speech-language pathologists, and speech, language, and hearing scientists—leads the efforts in advocating for the clients its members serve. ASHA also plays an unparalleled role in advancing, sustaining, and promoting the discipline of communication sciences and disorders, related functions, and methods of communication. The Association's contributions to enriching the professions and commitment to diversity, resources, advocacy, and collaboration with related professional entities are well known and respected. When policy makers, payers, federal and state agency personnel, media, other professionals, and consumers need guidance, knowledge, and advice on standards, credentials, scope of practice, research, legislation, regulations, and clinical information related to communication sciences and related disorders, including swallowing, balance, and vestibular disorders, they communicate with ASHA.

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<http://www.asha.org/uploadedFiles/Strategic-Pathway-to-Excellence-Map.pdf>

STRATEGIC PATHWAY TO EXCELLENCE

VISION
Making effective communication, a human right, accessible and achievable for all.

MISSION
Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through advancing science, setting standards, fostering excellence in professional practice, and advocating for members and those they serve.

TRANSFORM
Revolutionary change within the profession and/or the association.

GROW
Expand, reorganize, segment and/or innovate within association programs, operations, and functions.

RUN
Optimize operations, including evaluation and process improvement in association programs and functions.

STRATEGIC OBJECTIVES

1. Expand data available for quality improvement and demonstration of value.
2. Advance Interprofessional Education and Interprofessional Collaborative Practice (IPE/IPP).
3. Enhance the generation, publication, knowledge translation, and implementation of clinical research.
4. Enhance service delivery across the continuum of care to increase value and access to services.
5. Increase influence and demonstrated value of audiology and speech-language pathology services.
6. Increase the diversity of the membership.
7. Enhance international engagement.
8. Increase members' cultural competence.

OPERATIONAL PRIORITIES

- Enhance membership value and satisfaction
- Maintain an effective technology infrastructure
- Maximize non-dues revenue
- Facilitate staff engagement, inclusion, and a culture of learning
- Ensure effective project and process management and execution
- Ensure effective management and utilization of resources and data

VALUES: EXCELLENCE • INTEGRITY • DIVERSITY • COMMITMENT • RESEARCH-BASED • MEMBER-CENTRIC • RESPONSIVE



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Strategic Objective #4

“Enhanced service delivery across the continuum of care to increase value and access to services”



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Strategic Objective #4

- Working with support personnel
- Preparing audiologists and speech-language pathologists for changes
- Supporting them in collaborative practice



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Strategic Objective #4

- Supervising clinicians and students in training
- Practicing at the “top of the license”
- Promoting clinical education models of practice across the continuum of care, including clinical doctoral preparation



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Strategic Objective #4

- Telepractice
- Demonstrate value of services and promote access to services
- Enhance members’ awareness of collaborative practice and multiple service delivery options



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Performance Measures

1. Number of members who report **engagement** in service delivery that involves **practicing at the “top of the license”** and **using extenders to address functional patient/student outcomes”**
2. Number of **academic programs** that **infuse the concepts** of varied continuum of service delivery options **within the curriculum** (e.g., practice at the “top of the license,” using assistants) that target functional patient/student outcomes
3. Number of members who report **telepractice engagement**



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Strategic Initiatives

1. Develop informational resources, including models, that define and explain the concepts of varied continuum of service delivery (e.g., support personnel, telepractice, practicing “at the top of the license,” etc.)
2. Disseminate customized resources and information to targeted audiences and showcase successful models that demonstrate the concepts of varied continuum of service delivery (e.g., academic programs, practitioners, members, etc.)

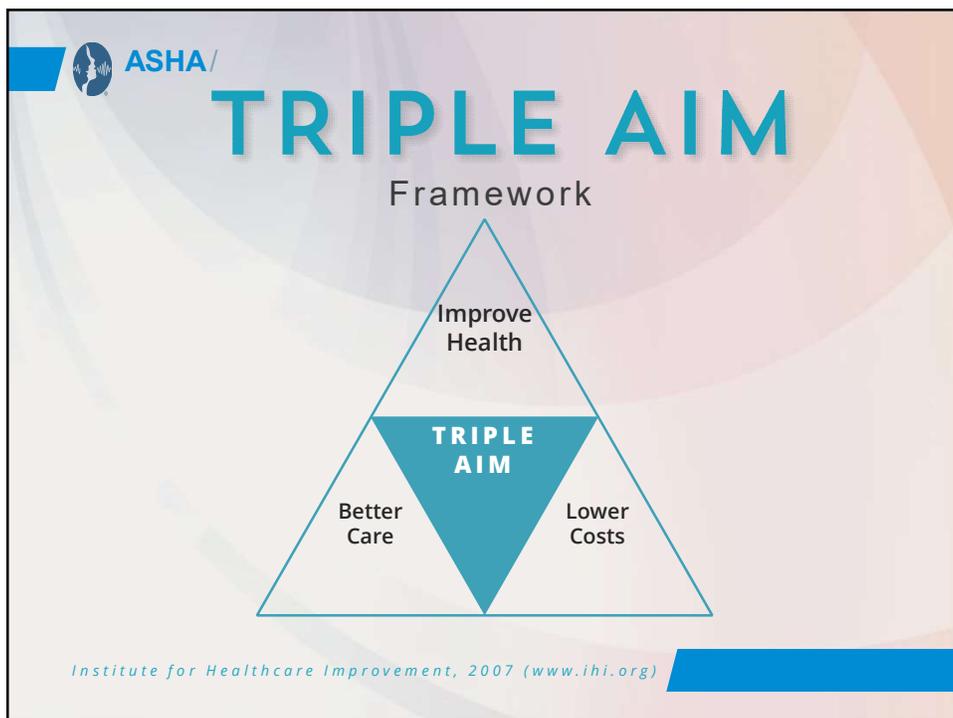


Strategic Initiatives

3. Maintain, enhance, and disseminate “state-of-the-art” resources on telepractice
4. Promote the use of telepractice among members working with select populations in disorder areas where funding/reimbursement is already in place



Changing Landscapes: Health Care and Education





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Purposes of the Summit

- Provide forum for knowledge transfer, open discussion about changing health care landscape
- Discern specific implications of **health care reform** including the professions of speech-language pathology and audiology



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Health Care Landscape

- Escalating costs
- Affordable Care Act
- Changing reimbursement models
- Quality outcome measures

A background image of a desk with a laptop, a cup of coffee, and an apple. The image is slightly blurred and serves as a backdrop for the text.

Health Care
TRENDS

Medicare Trying To Limit Overutilization

- High documentation demands/increased denials/Department of Justice investigations
- Trend toward alternative payment models rather than fee for service
- Focus on value, outcomes, performance measures

Private Insurers Will Follow Similar Trends

Affordable Care Act, Impact Act, Etc.

Challenges In Hospitals

- Staff reduction
- Outcomes reporting
- Cost-savings focus



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Why Change Anything Now?

- Costs too high
- Government can't continue to fund Medicare
- Affordable Care Act
- Necessity for functional patient outcomes
- Need for quality service delivery models



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Outcomes of the Summit

Identified a set of **options** and gained **consensus recommendations** for strategic **actions** that respond to health care challenges and opportunities in the areas of:

- Professional practice
- Research and data needs
- Professional preparation
- Member education and interprofessional education
- Information dissemination to energize change

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Summit Summary

Determine ASHA's role in proactively **safeguarding** the professions in light of the changing landscape of health care

<http://www.asha.org/uploadedFiles/ASHA/Practice/Health-Care-Reform/Healthcare-Summit-Executive-Summary-2012.pdf>



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Ad Hoc Committee on Reframing the Professions



December 2013



Roles and Responsibilities of SLPs in Schools – Reframing for School Practice

<http://www.asha.org/uploadedFiles/Roles-Responsibilities-SLPs-Schools-Poster.pdf>



Roles and Responsibilities of Speech-Language Pathologists in Schools

Policy Documents

- Position Statement
- Professional Issues Statement

Available from www.asha.org/policy

School-based speech-language pathology is at a crossroads where SLPs seek to contribute significantly to the well-being and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice.

It is essential that SLPs' roles and responsibilities be redefined in light of substantive changes that have taken place in schools, as well as in the discipline of speech-language pathology.

Critical Roles

- Working Across All Levels
- Supporting Educational Objectives
- Providing Unique Contributions to Curriculum (Highly Qualified Teacher)
- Working Collaboratively

Position Statement:

Speech-language pathology is a crossroads where SLPs seek to contribute significantly to the well-being and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice.

Range of Responsibilities

- Assessment
- Intervention
- Program Design
- Data Collection and Analysis
- Consultation

Collaboration

- With Other School Professionals
- With Parents
- With the Community
- With Students

Leadership

- Advocacy
- Supervision and Mentoring
- Professional Development
- Research

Who should know about these documents?

- Other SLPs in your school district
- Your supervisor/director in your district
- Your school board
- Reading committees, school professionals, and other staff in your school district
- Individuals in your district or state
- Leaders of non-professional organizations or unions
- Students
- Parents

WHAT IS NEEDED

Role and responsibility clarification
Professional Development
Lifelong Learning

Not one more thing!

What can you do to spread the word?

- Present at meetings to build the awareness for the audience.
- Invite interested parties to specific events.
- Present at meetings at a variety of professional development activities.
- Present at meetings at a variety of meetings.
- Post a short video with your school website.
- Engage in ongoing professional development to enhance independence of these roles.
- Ask your past colleagues about how they prepare SLPs for these roles.

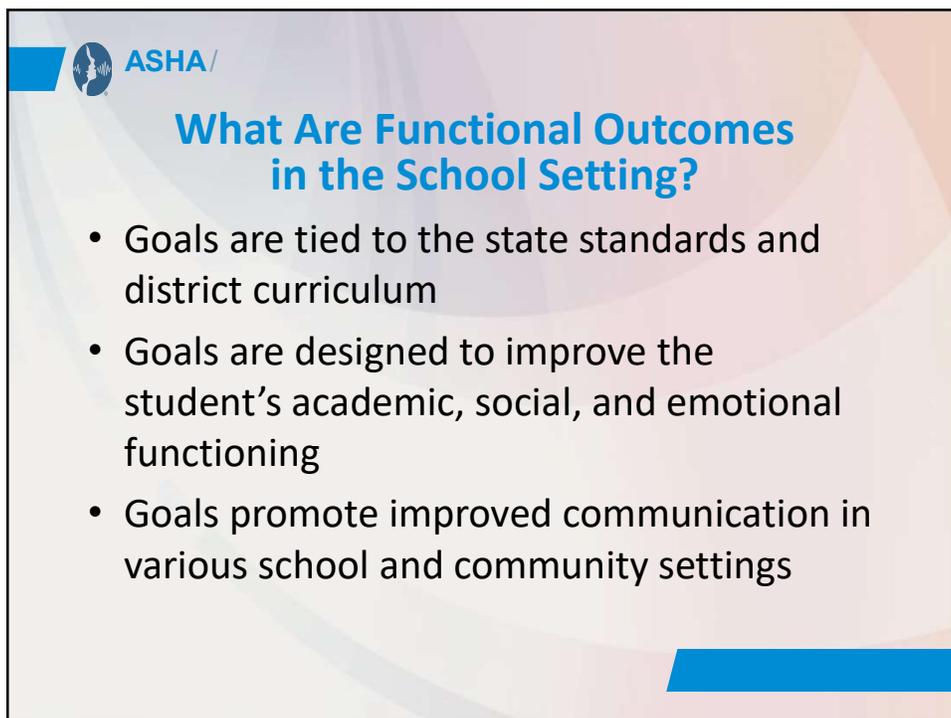


Education Landscape

A slide titled "School TRENDS" with a background image of a desk with papers and a laptop. The title "School" is in black and "TRENDS" is in blue. A list of seven bullet points is on the right side of the slide.

**School
TRENDS**

- Teacher accountability
- State standards
- Medicaid/budget constraints
- SLPAs
- Collaboration
- Shortages and expanding workload
- Every Student Succeeds Act (ESSA)

A slide titled "What Are Functional Outcomes in the School Setting?" with the ASHA logo in the top left corner. The title is in blue. A list of three bullet points is on the left side of the slide.

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**What Are Functional Outcomes
in the School Setting?**

- Goals are tied to the state standards and district curriculum
- Goals are designed to improve the student's academic, social, and emotional functioning
- Goals promote improved communication in various school and community settings



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Roles and Responsibilities of SLPs in Schools – Reframing for Schools

The roles and responsibilities of SLPs listed below should provide the basis for speech-language services in schools to promote efficient and effective outcomes for students

- **Critical roles** – *SLPs have integral roles in education and are essential members of school faculties*
- **Range of responsibilities** – *SLPs help students meet the performance standards of a particular school district and state*
- **Collaboration** – *SLPs work in partnership with others to meet students' needs*
- **Leadership** – *SLPs provide direction in defining their roles and responsibilities and in ensuring delivery of appropriate services to students*



Audiology TRENDS

- Unbundling of services
- Direct-to-consumer hearing tests and hearing aid sales
- Personal sound amplification products (PSAP)
- Audiology assistants

Private Practice TRENDS

- Expenses increasing and reimbursement decreasing
- Health plans and Medicaid
 - Increased denials
 - Fewer sessions approved
 - Demand for measurable outcomes, functional improvement, cost savings



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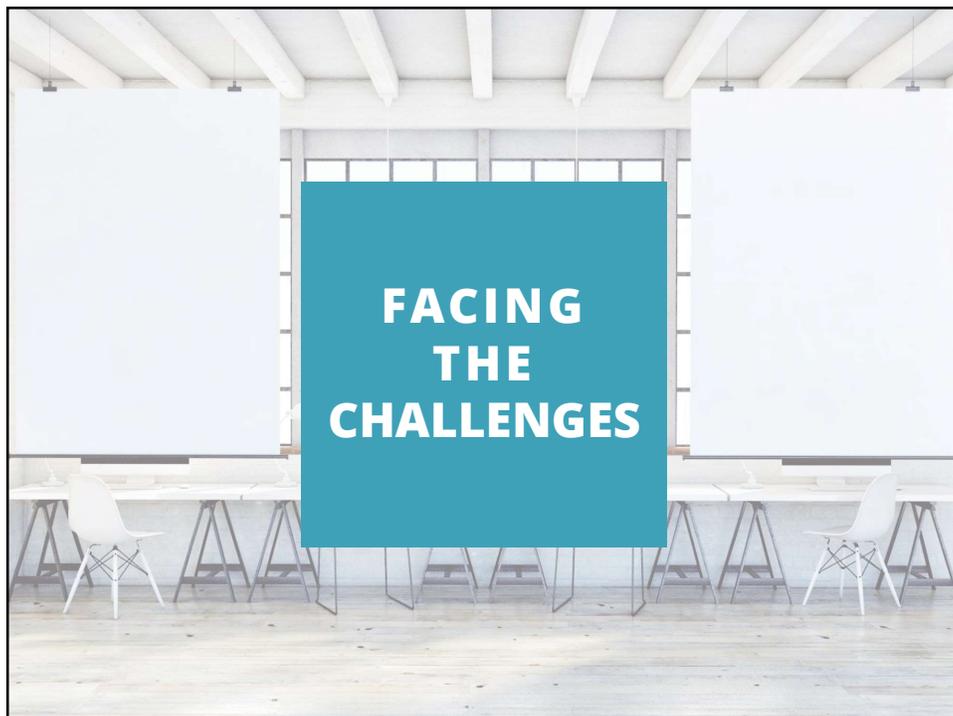
How Is the Clinical Paradigm Changing?

- Move from deficits/impairments to functional effectiveness
- Move from silos to interprofessional collaborative practice
- Include consultations with other professionals that enhance care coordination within and across settings
- Expand beyond traditional service models
- Consider the social determinants of health



Regulations

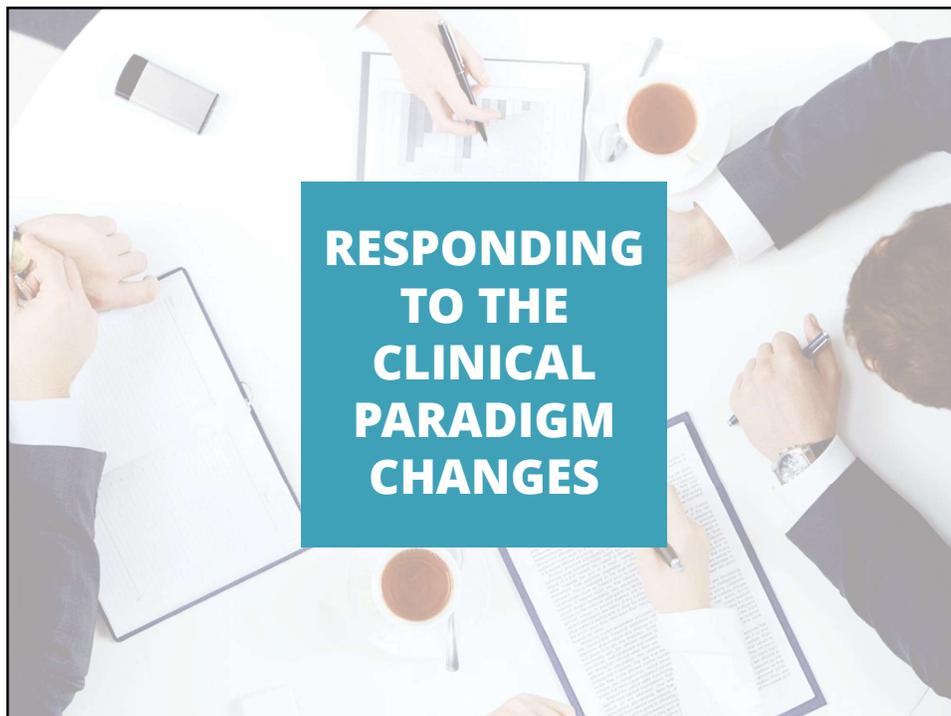
- IDEA
- ESSA
- EHDI
- Medicaid
- State licensure
- Reimbursement
- FERPA
- HIPAA



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Speech-Language Pathology

- Expand the clinical paradigm
- Reframe the profession
- Outcomes, databases, and quality
- Professional preparation
- Member education
- Widespread dissemination of information





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Quality and Outcomes Measurement Needs

- SLPs need guidance documents for optimal practice (e.g., pathways, protocols)
- Update National Outcomes Measurement System (NOMS)
- Outcomes focused on patient/student functional measures
- Patient-reported outcomes
- Consider cross-professional outcomes tool



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Demonstrating Value and Outcomes

- Adhere to best practices (e.g., Practice Portal, institutional protocols and procedures, EBP)
- Participate in ASHA's National Outcomes Measurement System (NOMS)
- A new audiology registry is being developed



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How To Be Trustworthy?

- Demonstrate safe care
- Use standard practice guidelines
- Be accountable for our behavior
- Manage knowledge
- Utilize a value creation system

(McCarthy & Klein, 2011; Marx, 2001)



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Innovative Approaches to Pre-Professional Education

- Clinical practicum “active” approaches (e.g., simulation, case-based or problem-based learning)
- Interprofessional education (IPE)
- Supervision training of support personnel
- Documentation, billing, and coding



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Innovative Approaches to Professional Education

- Interprofessional collaborative practice
- Professional learning communities (PLCs)
- Supervision training
 - Support personnel
 - Graduate students
 - CFs
 - SLPs
 - Other professionals
- Leadership development
- Advocacy education
- Specialty certification
- SLP clinical doctoral programs



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Practicing at the “Top of the License”

May require new ways of thinking/working by:

- Delegating responsibilities that do not require professional interpretation and judgment
- Enhancing supervision and management skills
- Demonstrating and articulating our own unique knowledge and skills (value) and how we can contribute to teams



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Practicing at the “Top of the License”

“Audiologists and SLPs should engage in ONLY those patient/student/client care activities that require their level of expertise and skill.”

Ad Hoc Committee on Refreshing the Professions



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Practicing at the “Top of the License”

Includes:

- Assessment
- Skilled intervention
- Consultations (with colleagues regarding functional goals and treatment option)
- Delegation (supervision/mentoring)
 - Clinical fellows
 - Students
 - Support personnel (speech-language pathology/audiology assistants)
 - Technicians, family members, volunteers



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Overview of ICF

Developed by the
World Health Organization (WHO)
in 2001

Provides a framework for an individual's functioning and disability within the context of his/her activities and social roles in everyday life

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ICF FRAMEWORK

of Health and Disability (WHO, 2011)
APPLICATIONS OF FRAMEWORK

INDIVIDUAL LEVEL	INSTITUTIONAL LEVEL	SOCIAL LEVEL
Body functions and structures (impairment)	Activities (Limitation)	Participation (Restriction)
Environmental factors		Personal factors

Bio-psycho-social-spiritual approach in the context of ethics, human rights, and legal framework



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ICF Online

<http://apps.who.int/classifications/icfbrowser/>



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ICF

- Addresses **functioning**
- Is not based on etiology or “consequence of disease” but as a component of **health**
- The World Health Organization defines **health** as “**the complete physical, mental, and social functioning of a person and not merely the absence of disease.**”
- In this definition, **functioning**, as classified in the ICF, **is an essential component of health**



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ICF

Describes health and health-related domains using standard language

The purposes of the ICF include:

- Collection of statistical data
- Clinical research
- Clinical use
- Social policy use



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ICF



Functional Goal Writing

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Functional Goals





Target individually **meaningful activities** or roles that a person cannot perform or avoids performing as a result of a health condition

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Why Target Functional Goals?

- To **maximize outcomes**, because treatment of impairments alone may not lead to functional improvement or be meaningful to the individual
- To **optimize** the individual's **potential** to engage in meaningful activities following discharge
- To **increase engagement** with clients and their families
- To **demonstrate the value** of skilled services to payers



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Functional Goals Using ICF

Click below for more information...

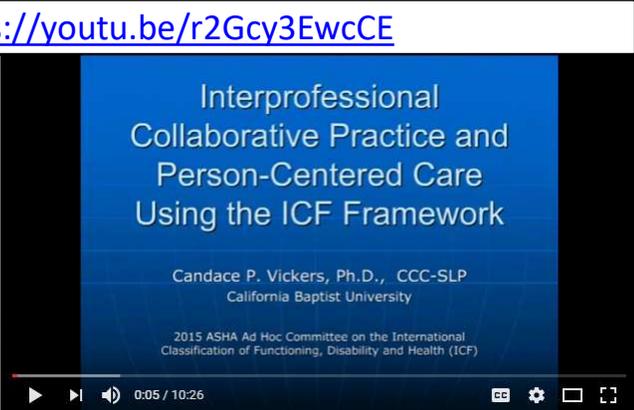
- [Acquired Apraxia of Speech](#)
- [Aphasia](#)
- [Cleft Lip and Cleft Palate](#)
- [Dementia](#)
- [Dysarthria](#)
- [Permanent Childhood Hearing Loss](#)
- [Severe Hearing Loss and Falls](#)
- [Specific Language Impairment](#)
- [Speech Sound Disorder](#)
- [Swallowing](#)
- [Tinnitus Management](#)
- [Traumatic Brain Injury](#)
- [Voice](#)



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ICF Case Study: SLP

<https://youtu.be/r2Gcy3EwcCE>





Specific Language Impairment

<http://www.asha.org/uploadedFiles/ICF-Specific-Language-Impairment.pdf>

PERSON-CENTERED FOCUS ON FUNCTION: Specific Language Impairment



What are person-centered functional goals?

- Goals identified by the client in partnership with the clinician and family that allow participation in meaningful activities and roles

Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the child and/or family
- To optimize the child's potential to participate in meaningful activities
- To facilitate a partnership that ensures the child and family have a voice in the care received and outcomes achieved
- To demonstrate the value of skilled services to payers

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organization (WHO). It provides a framework to address a child's functioning and disability related to a health condition within the context of the person's activities and participation in everyday life.

ICF International Classification of Functioning, Disability and Health

Health Condition
Impairment or disease that may affect functioning and participation

Body Functions and Structures
Anatomical parts and their physiological functions

Activities and Participation
Execution of a task or action and involvement in a life situation

Environmental and Personal Factors
Contextual factors that may affect functioning and participation

ADDITIONAL RESOURCES: www.asha.org/icf/ | www.who.int/classifications/icf/

Person-Centered Focus on Function: Specific Language Impairment

Case study: Johnny

Health Condition: Specific Language Impairment

Assessment Data	Body Functions and Structures	Activities and Participation	Environmental and Personal Factors
<ul style="list-style-type: none"> Phonological awareness Receptive language (understanding) Expressive language (speaking) Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Speech production Language comprehension Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Learning and studying Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Learning and studying Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health

Goal Setting

Long-Term Goal: Johnny will use age-appropriate grammar, punctuation, and capitalization in writing, including in his school and extracurricular activities, with the support of a teacher, parent, or other adult.

Short-Term Goal: Johnny will use age-appropriate grammar, punctuation, and capitalization in writing, including in his school and extracurricular activities, with the support of a teacher, parent, or other adult.

For clinical and documentation assistance, contact healthinformatics@asha.org. The information of ICF and associated codes and categories is provided for reference only. It is not intended to be used for billing purposes.



Swallowing

<http://www.asha.org/uploadedFiles/ICF-Swallowing.pdf>

PERSON-CENTERED FOCUS ON FUNCTION: Swallowing



What are person-centered functional goals?

- Goals identified by the client in partnership with the clinician and family that allow participation in meaningful activities and roles

Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual's potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate the value of skilled services to payers

What is the ICF, and how does it help?

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Contextual factors that may affect functioning and participation

ADDITIONAL RESOURCES: www.asha.org/icf/ | www.who.int/classifications/icf/

Person-Centered Focus on Function: Swallowing

Case study: Mr. J

Health Condition: Right CVA With Dysphagia

Assessment Data	Body Functions and Structures	Activities and Participation	Environmental and Personal Factors
<ul style="list-style-type: none"> Speech production Language comprehension Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Speech production Language comprehension Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Learning and studying Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health 	<ul style="list-style-type: none"> Learning and studying Reading and writing Spelling Handwriting Mathematics Science History Art Music Physical education Self-care Social skills Emotional regulation Problem-solving Decision-making Organization Time management Task completion Attention Memory Executive function Self-regulation Resilience Stress management Emotional support Family members' health

Goal Setting

Long-Term Goal: Mr. J will be able to swallow safely and comfortably in the community and at home to maintain full participation and quality of life.

Short-Term Goal: Mr. J will be able to swallow safely and comfortably in the community and at home to maintain full participation and quality of life.

For clinical and documentation assistance, contact healthinformatics@asha.org. The information of ICF and associated codes and categories is provided for reference only. It is not intended to be used for billing purposes.



Service Delivery

- Extenders
- Consultations
- Intensive treatment
- Service delivery models
- Telepractice



Continuum of Service Delivery

Using extenders

- Rehab technicians
- Family members
- Community workers
- SLPAs



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Continuum of Service Delivery

Consultations

- Other professionals
- Individuals and families
- Self management



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Continuum of Service Delivery

Intensive treatment

- More frequent sessions scheduled in blocks

Service delivery models

- Varying location, frequency, length of sessions



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Continuum of Service Delivery

Telepractice

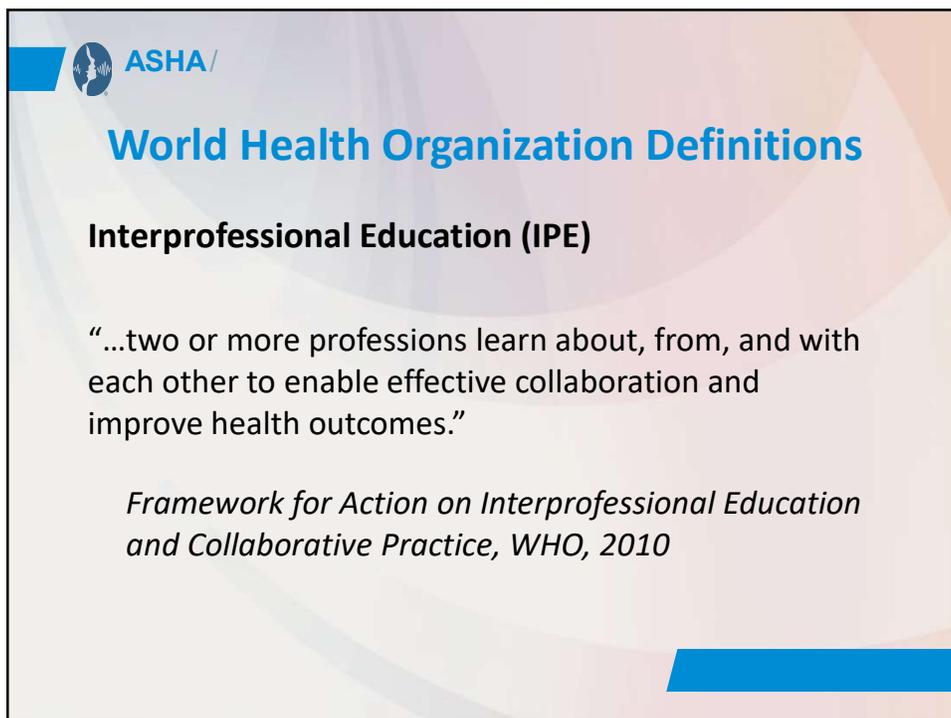
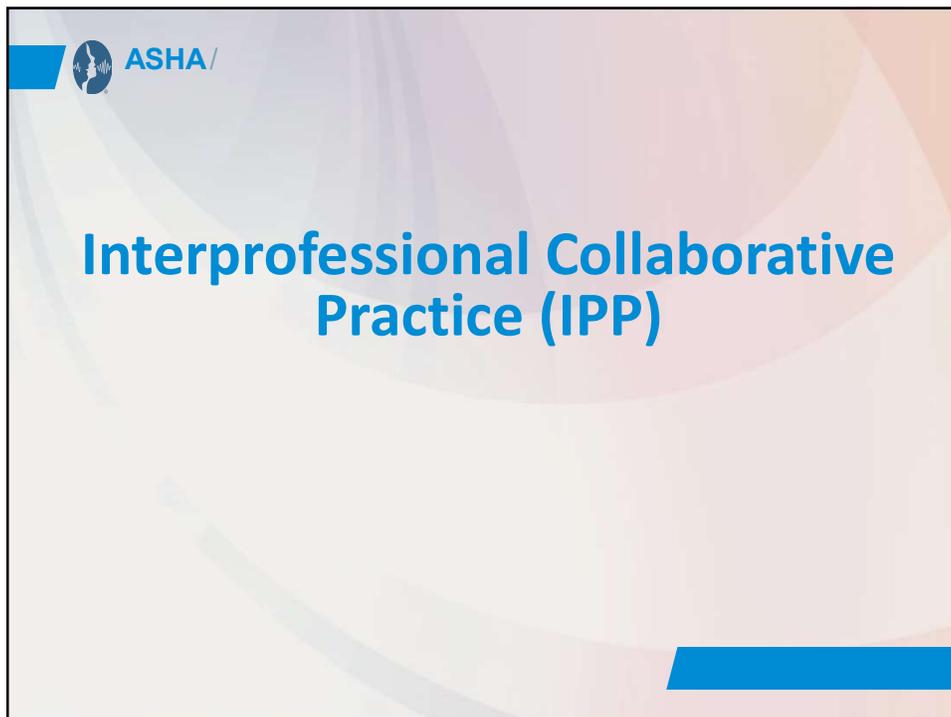
- State laws
- Equipment and software
- Requirements at both locations



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Telepractice

- Provide resources for SLPs and audiologists who are interested in provision of services through telepractice
- Promote legislative and regulatory changes to:
 - a) Allow the use of and reimbursement for telepractice in the provision of services, even across state lines
 - b) Allow for telepractice for supervision, mentoring, and professional consultation





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World Health Organization Definitions

Interprofessional (or Collaborative) Practice (IPP)

“...multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.”

Framework for Action on Interprofessional Education and Collaborative Practice, WHO, 2010



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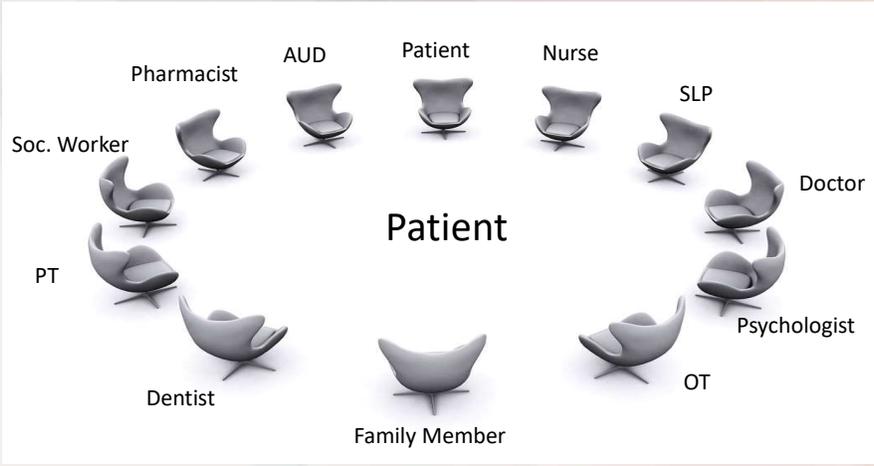
Why IPE/IPP?



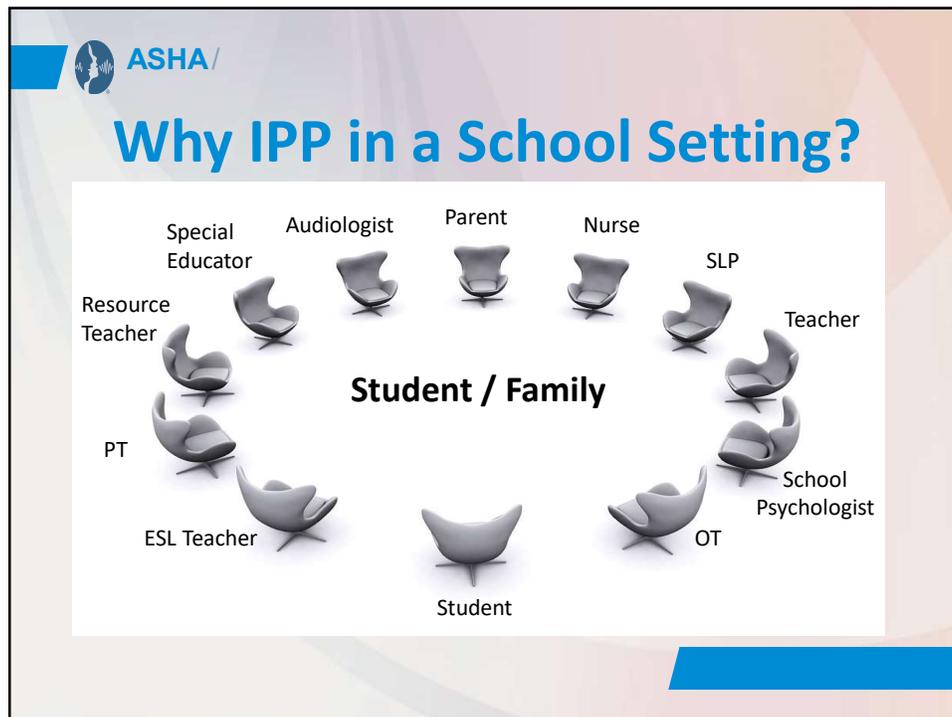
A word cloud on a black background with white and green text. The words include: family, communication, patient, student, costs, safety, education, outcomes, team, and healthcare.

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Why IPP in the Health Care Setting?



A diagram showing a central 'Patient' surrounded by ten healthcare professionals, each with a chair icon: Pharmacist, AUD, Patient, Nurse, SLP, Doctor, Psychologist, OT, Family Member, and Dentist. A 'Soc. Worker' and 'PT' are also shown with chair icons on the left side.



-
- ASHA/
- ## How Is IPP Different From Multidisciplinary/Interdisciplinary Collaboration?
- Patient/student/family is part of the team
 - Shared responsibility/accountability
 - Role clarification
 - Non-hierarchical/non-territorial
 - Transparency
 - Integrated evaluation, service provision, professional development
 - Continuous, seamless, dynamic communication



Values and Ethics

- Act with honesty and integrity in relationships with patients/students, families, and other team members
- Respect the dignity and privacy of patients/students while maintaining confidentiality of the delivery of team-based care

The slide details the 'Values and Ethics' domain. It features a light beige background with abstract blue and purple wave patterns. The ASHA logo is in the top left corner. The title 'Values and Ethics' is centered at the top in a large blue font. Below it, two bullet points describe the domain's requirements. A blue horizontal bar is at the bottom right.



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Roles and Responsibilities

- Communicate one's role and responsibilities clearly to patients, students, families, and other professionals
- Explain the roles and responsibilities of other care providers and how the team works together to provide care



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Interprofessional Communication

- Choose effective communication tools and techniques, including information systems and communication technologies for facilitating discussions and interactions that enhance team function
- Give timely, sensitive, instructive feedback to others about their performance on the team and respond respectfully as a team member to feedback from others



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Teams and Teamwork

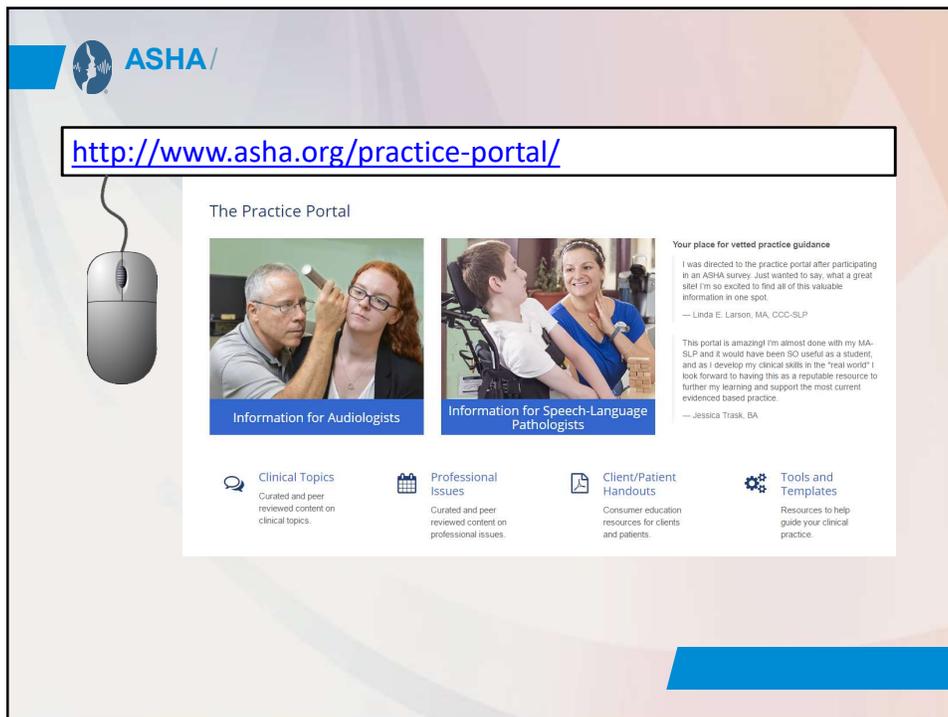
- Engage other health/education professionals – appropriate to the specific care situation – in shared patient/student-centered problem-solving
- Reflect on both individual and team performance improvement



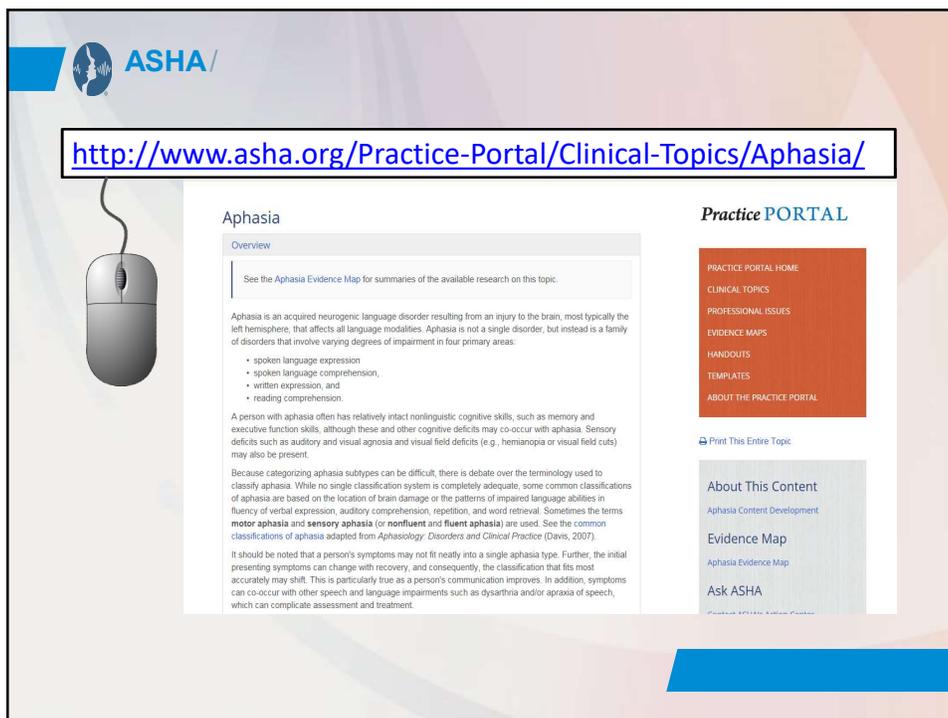
ASHA/

What Is ASHA Doing?

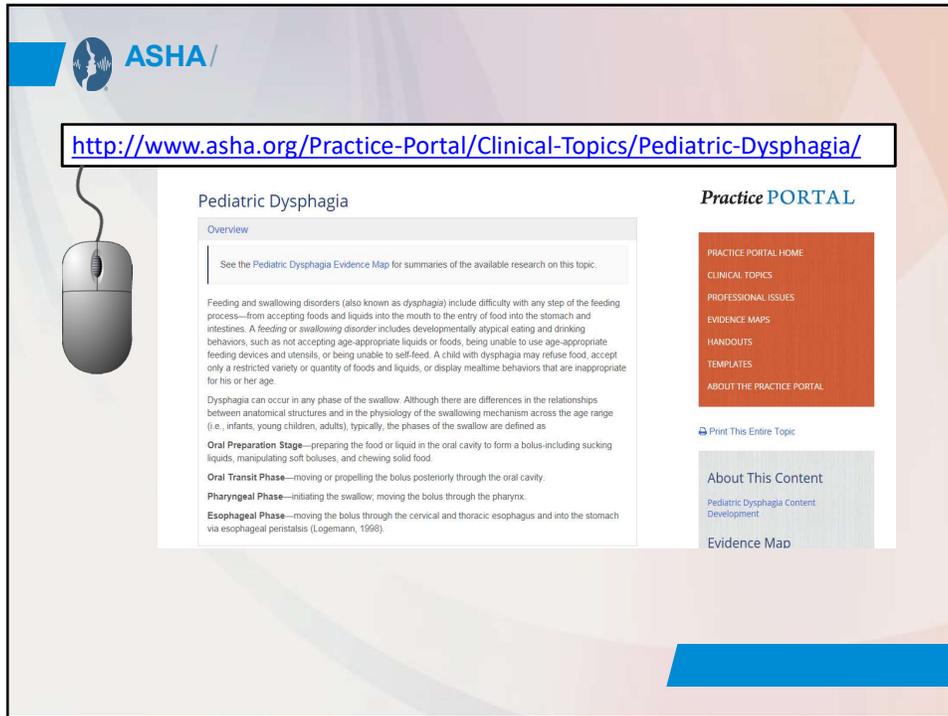
- Presenting at 10 state association conventions
- Presented at ASHA Convention
- Providing professional development opportunities
- Developing resource pages and info for Practice Portal



The screenshot shows the ASHA Practice Portal homepage. At the top left is the ASHA logo. Below it is a URL box containing <http://www.asha.org/practice-portal/>. A mouse cursor is positioned over the URL. The main content area is titled "The Practice Portal" and features two large images: one of an audiologist examining a patient's ear, labeled "Information for Audiologists", and another of a speech therapist working with a child, labeled "Information for Speech-Language Pathologists". To the right of these images is a testimonial section titled "Your place for vetted practice guidance" with two quotes from Linda E. Larson, MA, CCC-SLP and Jessica Trask, BA. Below the images and testimonial are four categories: "Clinical Topics" (curated and peer reviewed content on clinical topics), "Professional Issues" (curated and peer reviewed content on professional issues), "Client/Patient Handouts" (consumer education resources for clients and patients), and "Tools and Templates" (resources to help guide your clinical practice).



The screenshot shows the ASHA Practice Portal page for "Clinical Topics Aphasia". At the top left is the ASHA logo. Below it is a URL box containing <http://www.asha.org/Practice-Portal/Clinical-Topics/Aphasia/>. A mouse cursor is positioned over the URL. The main content area is titled "Aphasia" and includes an "Overview" section with a link to the "Aphasia Evidence Map". Below this is a definition of aphasia as an acquired neurogenic language disorder. A bulleted list includes: spoken language expression, spoken language comprehension, written expression, and reading comprehension. Further text explains that a person with aphasia often has relatively intact nonlinguistic cognitive skills and that because categorizing aphasia subtypes can be difficult, there is debate over the terminology used to classify aphasia. A final note states that it should be noted that a person's symptoms may not fit neatly into a single aphasia type. To the right of the main content is a "Practice PORTAL" sidebar with a navigation menu: PRACTICE PORTAL HOME, CLINICAL TOPICS, PROFESSIONAL ISSUES, EVIDENCE MAPS, HANDOUTS, TEMPLATES, and ABOUT THE PRACTICE PORTAL. Below the menu are links for "Print This Entire Topic", "About This Content" (with sub-links for Aphasia Content Development, Evidence Map, and Aphasia Evidence Map), and "Ask ASHA".



ASHA

<http://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Dysphagia/>

Pediatric Dysphagia

Overview

See the Pediatric Dysphagia Evidence Map for summaries of the available research on this topic.

Feeding and swallowing disorders (also known as dysphagia) include difficulty with any step of the feeding process—from accepting foods and liquids into the mouth to the entry of food into the stomach and intestines. A feeding or swallowing disorder includes developmentally atypical eating and drinking behaviors, such as not accepting age-appropriate liquids or foods, being unable to use age-appropriate feeding devices and utensils, or being unable to self-feed. A child with dysphagia may refuse food, accept only a restricted variety or quantity of foods and liquids, or display mealtime behaviors that are inappropriate for his or her age.

Dysphagia can occur in any phase of the swallow. Although there are differences in the relationships between anatomical structures and in the physiology of the swallowing mechanism across the age range (i.e., infants, young children, adults), typically, the phases of the swallow are defined as

- Oral Preparation Stage**—preparing the food or liquid in the oral cavity to form a bolus including sucking liquids, manipulating soft boluses, and chewing solid food.
- Oral Transit Phase**—moving or propelling the bolus posteriorly through the oral cavity.
- Pharyngeal Phase**—initiating the swallow; moving the bolus through the pharynx.
- Esophageal Phase**—moving the bolus through the cervical and thoracic esophagus and into the stomach via esophageal peristalsis (Logemann, 1996).

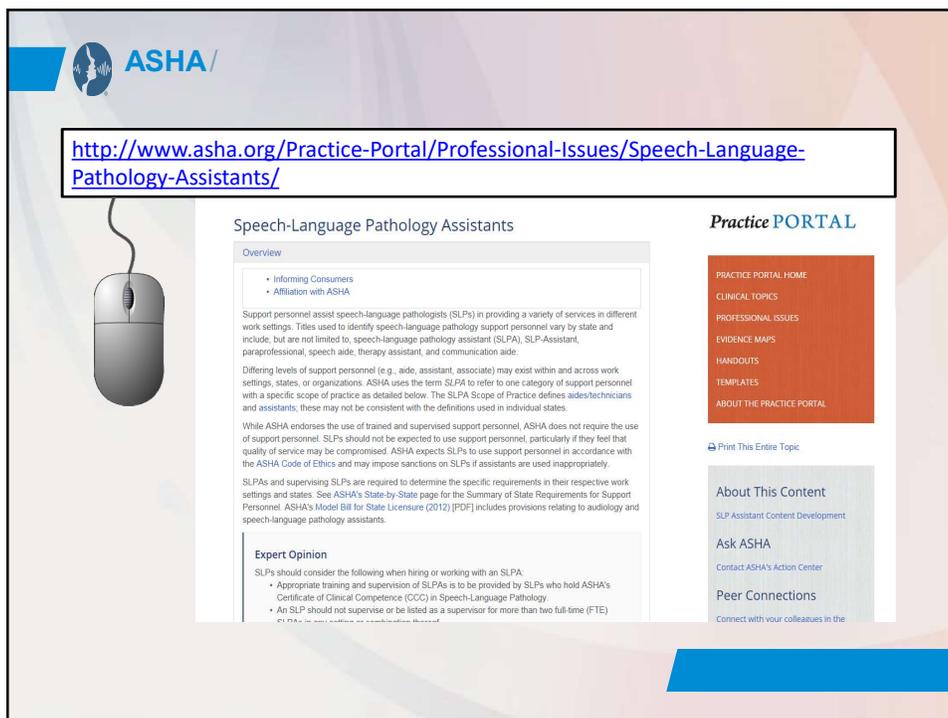
Practice PORTAL

- PRACTICE PORTAL HOME
- CLINICAL TOPICS
- PROFESSIONAL ISSUES
- EVIDENCE MAPS
- HANDOUTS
- TEMPLATES
- ABOUT THE PRACTICE PORTAL

[Print This Entire Topic](#)

About This Content

- Pediatric Dysphagia Content Development
- Evidence Map



ASHA

<http://www.asha.org/Practice-Portal/Professional-Issues/Speech-Language-Pathology-Assistants/>

Speech-Language Pathology Assistants

Overview

- Informing Consumers
- Affiliation with ASHA

Support personnel assist speech-language pathologists (SLPs) in providing a variety of services in different work settings. Titles used to identify speech-language pathology support personnel vary by state and include, but are not limited to, speech-language pathology assistant (SLPA), SLP-Assistant, paraprofessional, speech aide, therapy assistant, and communication aide.

Differing levels of support personnel (e.g., aide, assistant, associate) may exist within and across work settings, states, or organizations. ASHA uses the term SLPA to refer to one category of support personnel with a specific scope of practice as detailed below. The SLPA Scope of Practice defines aides/technicians and assistants; these may not be consistent with the definitions used in individual states.

While ASHA endorses the use of trained and supervised support personnel, ASHA does not require the use of support personnel. SLPs should not be expected to use support personnel, particularly if they feel that quality of service may be compromised. ASHA expects SLPs to use support personnel in accordance with the ASHA Code of Ethics and may impose sanctions on SLPs if assistants are used inappropriately.

SLPAs and supervising SLPs are required to determine the specific requirements in their respective work settings and states. See ASHA's State-by-State page for the Summary of State Requirements for Support Personnel. ASHA's Model Bill for State Licensure (2012) (PDF) includes provisions relating to audiology and speech-language pathology assistants.

Expert Opinion

- SLPs should consider the following when hiring or working with an SLPA:
 - Appropriate training and supervision of SLPAs is to be provided by SLPs who hold ASHA's Certificate of Clinical Competence (CCC) in Speech-Language Pathology.
 - An SLP should not supervise or be listed as a supervisor for more than two full-time (FTE) SLPAs in any one practice setting.

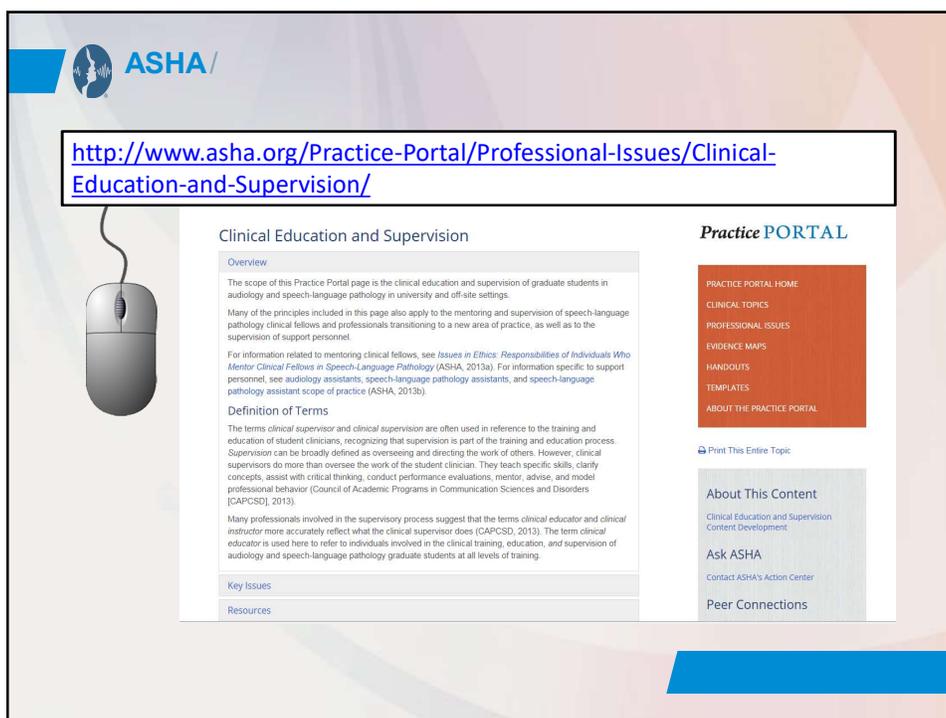
Practice PORTAL

- PRACTICE PORTAL HOME
- CLINICAL TOPICS
- PROFESSIONAL ISSUES
- EVIDENCE MAPS
- HANDOUTS
- TEMPLATES
- ABOUT THE PRACTICE PORTAL

[Print This Entire Topic](#)

About This Content

- SLP Assistant Content Development
- Ask ASHA
- Contact ASHA's Action Center
- Peer Connections
- Connect with your colleagues in the



The screenshot shows the ASHA Practice Portal page for Clinical Education and Supervision. The URL is <http://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>. The page features a mouse cursor on the left, a navigation menu on the right, and a main content area with sections for Overview, Definition of Terms, Key Issues, and Resources. The Overview section discusses the scope of the page and the role of clinical supervisors. The Definition of Terms section explains the terms clinical supervisor and clinical supervision. The Key Issues and Resources sections are partially visible.

ASHA

<http://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>

Clinical Education and Supervision

Practice PORTAL

Overview

The scope of this Practice Portal page is the clinical education and supervision of graduate students in audiology and speech-language pathology in university and off-site settings.

Many of the principles included in this page also apply to the mentoring and supervision of speech-language pathology clinical fellows and professionals transitioning to a new area of practice, as well as to the supervision of support personnel.

For information related to mentoring clinical fellows, see *Issues in Ethics: Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology* (ASHA, 2013a). For information specific to support personnel, see *audiology assistants, speech-language pathology assistants, and speech-language pathology assistant scope of practice* (ASHA, 2013b).

Definition of Terms

The terms *clinical supervisor* and *clinical supervision* are often used in reference to the training and education of student clinicians, recognizing that supervision is part of the training and education process. Supervisor can be broadly defined as overseeing and directing the work of others. However, clinical supervisors do more than oversee the work of the student clinician. They teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior (Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013).

Many professionals involved in the supervisory process suggest that the terms *clinical educator* and *clinical instructor* more accurately reflect what the clinical supervisor does (CAPCSD, 2013). The term *clinical educator* is used here to refer to individuals involved in the clinical training, education, and supervision of audiology and speech-language pathology graduate students at all levels of training.

Key Issues

Resources

Practice PORTAL

PRACTICE PORTAL HOME
CLINICAL TOPICS
PROFESSIONAL ISSUES
EVIDENCE MAPS
HANDOUTS
TEMPLATES
ABOUT THE PRACTICE PORTAL

Print This Entire Topic

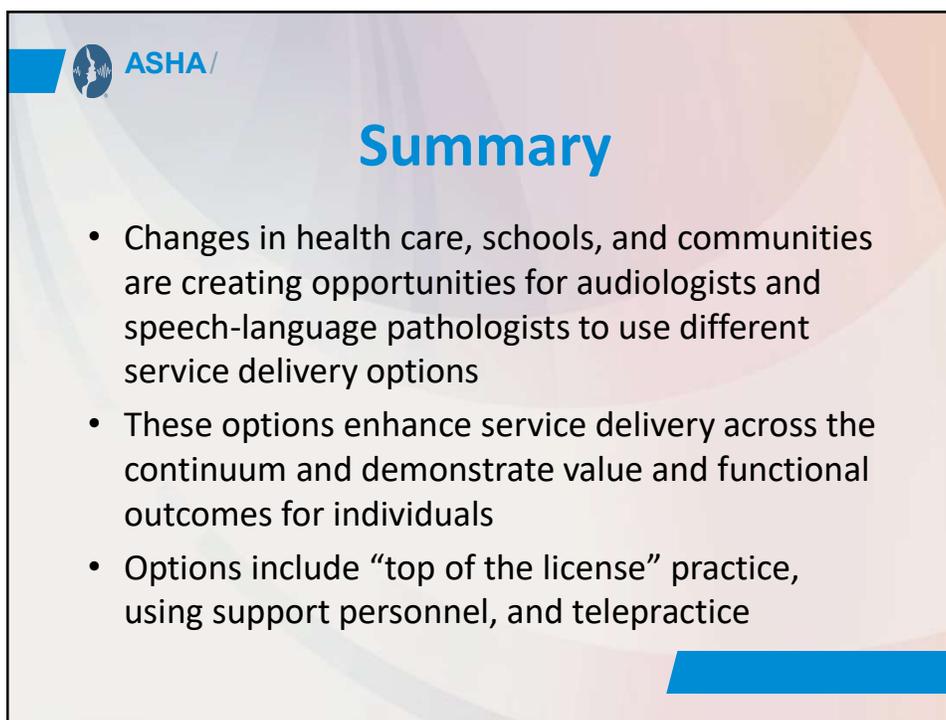
About This Content

Clinical Education and Supervision Content Development

Ask ASHA

Contact ASHA's Action Center

Peer Connections



The slide features the ASHA logo in the top left corner and the word "Summary" in a large blue font. Below the title, there are three bullet points discussing changes in health care, schools, and communities, and the resulting opportunities for audiology and speech-language pathology professionals. The slide has a blue decorative bar at the bottom right.

ASHA

Summary

- Changes in health care, schools, and communities are creating opportunities for audiologists and speech-language pathologists to use different service delivery options
- These options enhance service delivery across the continuum and demonstrate value and functional outcomes for individuals
- Options include “top of the license” practice, using support personnel, and telepractice



ASHA/

Summary

- SLPs practicing collaboratively across the continuum of care (e.g., acute care, inpatient rehabilitation, skilled nursing, home health, outpatient, early intervention, schools, and private practice)
- Determine which services are most beneficial and valuable to the individual's functioning
- Variations in payment methodologies across settings will impact service delivery options



ASHA/

Ask Yourself

- How can I practice differently?
- How does the patient's/student's environment impact his/her goals?
- How do I work with other health care and education providers?
- What changes are needed to support a value-based approach?



ASHA/

What Can I Do Monday?

- Continue to educate yourself
 - ASHA Web site, articles, podcasts, webinars, and other resources
- Provide clear evidence of the value of your services
- Think “out of the box” regarding treatment models
- Share information with your colleagues



ASHA/

Resources

- I Can Function mobile app
<http://icfmobile.org/>
- ASHA ICF Resources
<http://www.asha.org/slp/icf>
- SLP Case Study – Vickers
<https://www.youtube.com/watch?v=r2Gcy3EwcCE&feature=youtu.be>



ASHA/

Resources

- The Practice Portal - Documentation in Health Care and Schools
<http://www.asha.org/practice-portal/>
- Reframing the Professions of Speech-Language Pathology and Audiology
<http://www.asha.org/uploadedFiles/Reframing-the-Professions-Report.pdf>
- ASHA Code of Ethics
<http://www.asha.org/Code-of-Ethics/>



ASHA/

Questions and Answers



Thank you!!!